PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Boy 1462
Alexandria, Virginia 22313-1450

						1)-273-2885					
INSTRUCTIONS: This appropriate. All further indicated unless corrects maintenance fee ootifica	form should be used correspondence includi ed below or directed of tions.	for tran ng the l herwise	smitting the ISSI Patent, advance o in Block 1, by (nould be completed where correspondence address as rate "FEE ADDRESS" for		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Feets) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
2292	7590 04/2	1/2008			Have			-			
BIRCH STEWART KOLASCH & BIRCH , LLP PO BOX 747 FALLS CHURCH, VA 22040-0747						I hereby certify that this Feoty Dransmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop 18SUE FEE address above, or being facsimile transmitted to the UPPTO (571) 273-2885, on the date oldested below.					
									(Depositor's name)		
									(Signature)		
					L				(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVES			OR ATTORNEY DOCKET NO.			CONFIRMATION NO.		
09/757,645 01/11/2001				Satoaki Nakagawa			0925-0165P	8027			
TITLE OF INVENTION	: SIGNAL RECEIVER										
APPLN. TYPE	SMALL ENTITY	ISS	VE FEE DUE	PUBLICATION FEE DU		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO		\$1440	\$300		\$0		\$1740	07/21/2008		
EXAMINER ART UNIT				CLASS-SUBCLASS							
NGUYEN, HUY THANH 2621 386-0						,					
Change of correspondence address or indication of "Fee Address" (37 CFR 1353). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more secent) attached. Use of a Customer Number is required.				2. For printing on the patient frost page, list (1) the names of up to 3 registered patient automosp or agents OR, alterostively, (2) the comes of a single firm (having as a member a 2 registered patient automosp or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME A											
PLEASE NOTE: Unli recordation as set forth	ess an assignee is ident i in 37 CFR 3.11. Com	ified be pletion o	low, no assignee of this form is NO	data will appear on the Ta substitute for filing	ne pa	ateot. If an assigne	e is id	entified below, the do	cument has been filed for		
(A) NAME OF ASSIC	INEE			(B) RESIDENCE: (C	TTY	and STATE OR C	OUNT	RY)			
MITSUBISH	DENKI KAR	BUSH	IKIA KAI	ISHA	Tc	kyo, Jap	an				
Please check the appropri	ate assigoee category or	categor	ies (will not be pr	inted on the patent):	0	Individual 🖾 Co	rporati	on or other private gro	up entity Government		
4a. The following fee(s) a	re submitted:		41	D. Payment of Fee(s): (se first reapply an	y prev	iously paid issue fee s	hown above)		
☑ Issue Fee ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.											
Advance Order - #	of Copies <u>Four</u>	(4)		The Director is he overpayment, to D	reby repo:	authorized to char, sit Account Numbe	ge the r	equired fee(s), any def -2448enclose an	iciency, or credit any extra copy of this form).		
5. Change in Entity Stat	us (from status indicate SMALL ENTITY state			_				TTY status. See 37 CF			
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if req	uired) w	ill not be accepted	d from anyone other th					e assignee or other party in		
Authorized Signature	///-/3	Day.		# 58,755		Date Ju	ne	4, 2008			
Typed or printed name	Michae	l K	. Mutter	<u> </u>		Registration N	0	29,680			
This collection of informa an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, V Alexandria, Virginia 223	ution is required by 37 C iality is governed by 35 application form to the ons for reducing this bu irginia 22313-1450. DC 13-1450.	FR 1.31 U.S.C. USPTO Iden, sho NOT S	1. The information 122 and 37 CFR D. Time will vary ould be sent to the END FEES OR C	on is required to obtain 1.14. This collection is depending upon the is e Chief Information Of COMPLETED FORM:	or n s esti ndivi ffice S TC	etaio a beoefit by the imated to take 12 n idual case. Any co r, U.S. Patent and ' D'THIS ADDRESS	ne publ ninutes mments Fradem , SENI	ie which is to file (and to complete, including so the amount of time ark Office, U.S. Depa of TO: Commissioner f	by the USPTO to process) g gathering, preparing, and se you require to complete riment of Commerce, P.O. or Patents, P.O. Box 1450,		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.